U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

· · · · · · · · · · · · · · · · · · ·	and the state of t		
1. File Number U - 1208	2. Fiscal Year Covered From:		
	1/1/201/ Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and £.idress of labor organization.		
Name Jason J. Quam	Name Brother road of Lacomotive.		
	Labor Organization File Aur ber 2004 CND ENGINEENST		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 14508 Wilds Fridering MW	Street 12504 Wis Dantway MW		
City DWON Lake	city Phon (alce		
State Minnesota ZIP Code + 4 55502	State Minue Sota ZIP Code +4 55312		
5. Position in labor organization.	rman		
	T		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other according benefit of		
monetary value from an employer whose employees your organizati	ion represents or is actively seeking to represent.		
monetary value from an employer whose or:ployees your organizat 6. Name and address of Employer (including trace name, it any).	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose omployees your organization	ion represents or is actively seeking to represent.		
monetary value from an employer whose omployees your organization. 6. Name and address of Employer (including trace name, if any).	ion represents or is actively seeking to represent.		
monetary value from an employer whose on:ployees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any:	ion represents or is actively seeking to represent.		
monetary value from an employer whose omployees your organization. 6. Name and address of Employer (including trace name, if any). Name	ion represents or is actively seeking to represent.		
monetary value from an employer whose on:ployees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose on:ployees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose on:ployees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose on:ployees your organization of the second of th	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
monetary value from an employer whose on:ployees your organization of the second of th	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
monetary value from an employer whose or:ployees your organization. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panelties of the law, that all of the information ying documents), has been even ined by the signatory and is, to the best of the		
monetary value from an employer whose on:ployees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Z P Code + 4 Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panalties of the law, that all of the information ying documents), has been even ined by the signatory and is, to the best of the		
monetary value from an employer whose or:ployees your organization. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panalties of the law, that all of the information ying documents), has been even ined by the signatory and is, to the best of the		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trace name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Z P Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanion undersigned's knowledge and belief, true, correct, and complete. (See the see	7.a. Nature of Interest, Trancaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 8.c. Amount. 8.c. Amount. 9.c. Amo		

Name of Person Filing Jason J. Quo	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg., Room No., if any	c. Emptoyer				
Street					
State ZiP Ccdc + 4					
State					
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
La dipersonal aprilia de la company de la co	12.d. Haddie of piterest tiple of income received.				
State ZIP Code + 4	12.a. Nature of interest find of intestie received.				
State ZIP Code + 4	Z.a. Nature of interest rigid of income received.				
State ZIP Code + 4	Z.a. Yadde of interest rigid of income received.				
State ZIP Code + 4	Z.d. Yadu's of interest rigid of income received.				
State ZIP Code + 4	12.b. Amount				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount r parts A and B above)				
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount r parts A and B above) or other thing of value.				
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: 1 P.O. Box, Bldg., Room No., if any	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount r parts A and B above) or other thing of value. 14.a. Nature of payment.				

Attachment "A"

Form LM-30 (Labor Organization Officer and Employee Report) Fiscal Year: 01/01/2004 thru 12/31/2004

Reporting Labor Organization:

Brotherhood of Locomotive Engineers and Trainmen (BLET-

Division 517)

Labor Organization Officer:

Jason J. Quam (Local Chairman)

5-digit OLMS File Number:

None available at this time

Organization File Number:

2004LM-30

Ending Date of Reporting Period:

12/31/2004

"The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part C (Items 13 thru 14) of the Form LM-30 report. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection.

13a.Name and Address of	13b.Business is an	14a.Nature of Payment	14b. Amount of Payment
Employer/Labor Relations	employer/Consultant		
Consultant			
Rathmann, and O'Brien, L.L.C.	Employer	7/1/04-Supper Banquet in conjunction with Union	In excess of \$25.00
1031 Lami Street		function, multiple sponsors	
St. Louis, MO 63104			
Yaeger, Jungbauer, Barczak &			
Vucinovich, PLC.			
745 Kasota Ave.			
Minneapolis, MN 55414			
Ingebritson & Associates, P.A.			
100 South Fifth Street, Suite 450			
Minneapolis, MN 55402			
William Solo			
Jones & Granger			
10000 Memorial Drive, Suite 888			
Houston, TX 77210			
Schlichter, Bogard & Denton			***
100 S. 4 th St., Suite 900			
St. Louis, MO 63102			

13a.Name and Address of Employer/Labor Relations Consultant	13b.Business is an employer/Consultant	14a.Nature of Payment	14b. Amount of Payment
Hunegs, Stone, LeNeave, Kvas & Thornton 900 Second Ave. South, Suite 1650 Minneapolis, MN 55402	Employer	7/1/04-Supper Banquet in conjunction with Union function, multiple sponsors (continued)	In excess of \$25.00
Rose, Sanders & Bovarnick, L.L.P. 1205 N.W. 25 th Ave. Portland, OR 97210			